

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

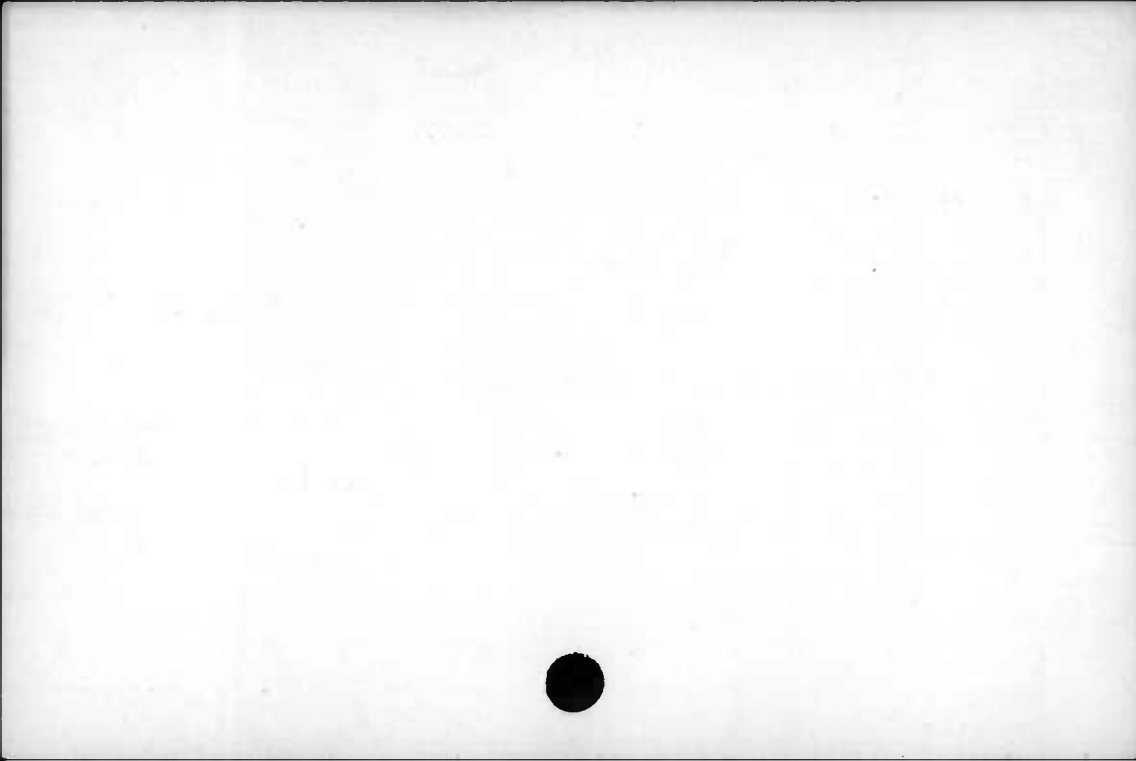
Malinda Brown
Died at Glendale Town Howard County
Date of death 1908 July 8 8 65
Sex Female Color or Race White Birth-place Ind
Occupation Housewife Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Archibald Brown
Father's Name do not know Father's Birthplace Ind
Mother's Maiden Name do not know Mother's Birthplace Ind
Name of person giving information Maurice Selby How related to deceased Nephew

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary Cerebral Thrombosis How long 6 days
Immediate
Are the name, age, sex, color, date and place correctly given above? Yes
Dayton Signature of Physician S. C. St. Scholt
Address Howard Co
Ind
Accident or Suicide?



Name
in
Full

Catherine Cecelia Calvert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

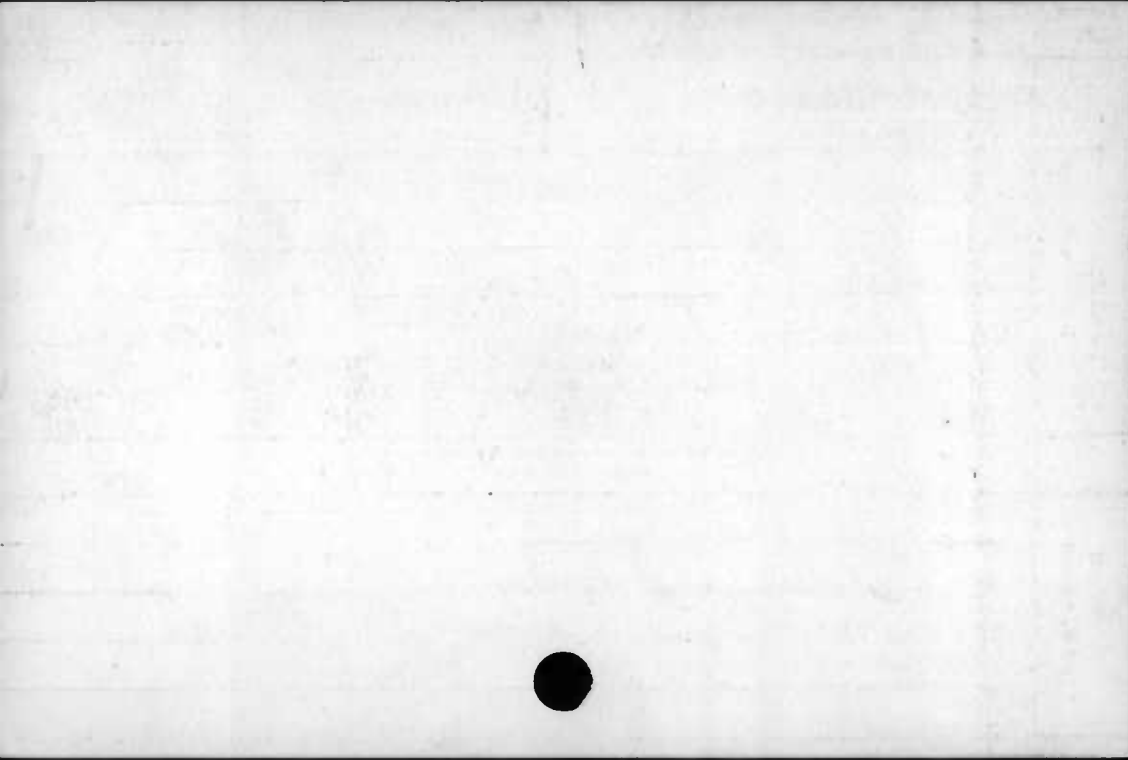
Died at <i>Ex Ridge</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>4</i>	Age <i>0</i>	Months <i>3</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>538 W. Preston St. Balt.</i>		
Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Bernard L. Calvert</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Anne Elizabeth Butler</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Bernard L. Calvert</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>3 weeks</i>
Immediate <i>Transition - Exhaustion</i>	How long <i>4 or 5 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. R. Eareckson</i>
	Address <i>Ex Ridge</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Alvin Cary

Town

County

MARYLAND

Died at Woodstock

Howard

Date of death 1908

Month

Day

Years

Months

Days

July

14

Age

1

Sex male

Color or Race

white

Birth-place

Ind

Occupation

Where Residing if not at place of death

Same

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John Cary

Father's Birthplace

Ind

Mother's Maiden Name

Francis Bucknigh (Deceased)

Mother's Birthplace

Ind

Name of person giving information

Harry Cary

How related to deceased

Uncle

CAUSES OF DEATH

105

Primary

Marasmus

How long

all life

Immediate

Enteritis of Colon

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. J. Triplett
Baltimore

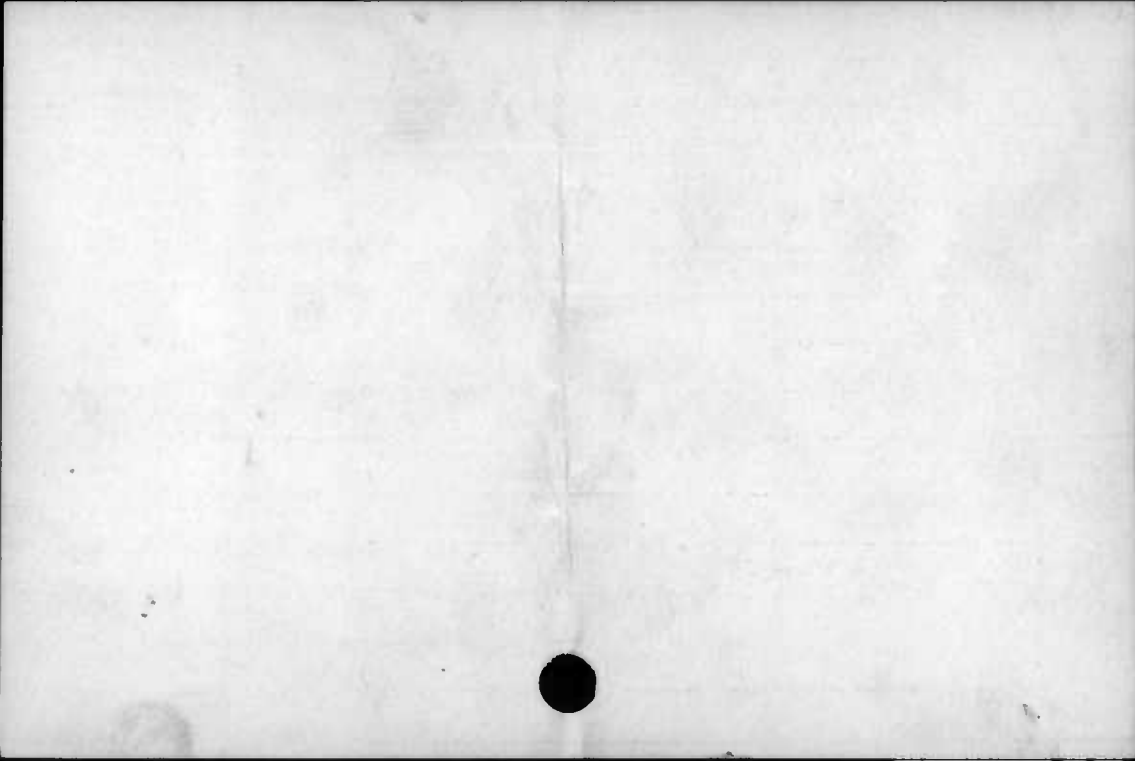
Accident or Suicide?

—

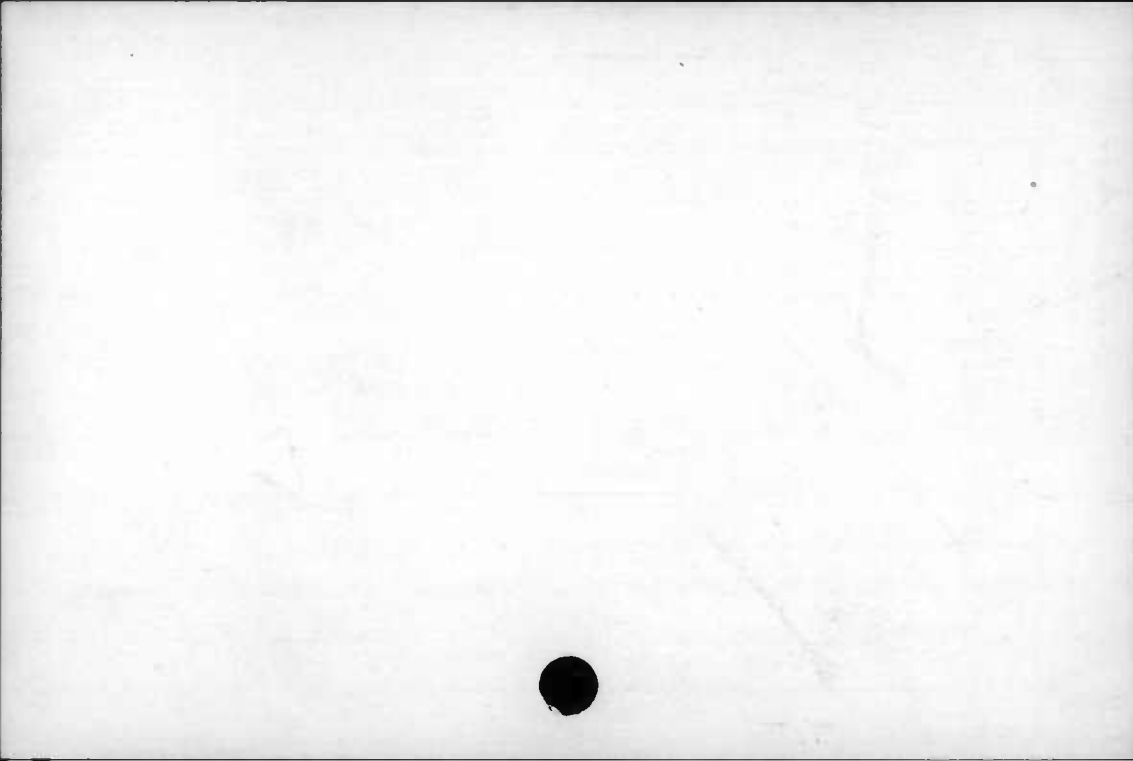
Ind

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full Ezra Gilmore Worsey		Town Flomona		County Howard		CERTIFICATE OF DEATH ✓	
Died at Flomona		Date of death 1908 July 2		Age 35 yrs		MARYLAND Months — Days —	
Sex Male		Color or Race White		Birth-place Howard Co. Md			
Occupation Laborman		Where Residing if not at place of death Columbia Crockett's					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Sergeant Worsey		Father's Birthplace Carroll Co. Md					
Mother's Maiden Name Sarah (Crisman)		Mother's Birthplace Unknown					
Name of person giving information J. W. Mayfield		How related to deceased Uncle					
		CAUSES OF DEATH					
Primary Tuberculosis		How long about 2 years					
Immediate Tuberculosis		How long —					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. O. W. Mayfield		Address Lisbon			
				Howard Co. Md			
Accident or Suicide? —							



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Bethany</i> <small>Town</small>		<i>Howard</i> <small>County</small>		
		Date of death <i>1908 July</i> <small>Month</small>		<i>4</i> <small>Day</small>	<i>24</i> <small>Years</small>	<i>—</i> <small>Months</small>
		Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Md.</i>	
		Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>		
		Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
		Father's Name <i>Henry Giffin</i>		Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Elizabeth Ridgley</i>		Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Basil R. Iglehart</i>		How related to deceased <i>none</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Mitral Regurgitation</i>		How long <i>About 5 yrs</i>		
		Immediate <i>Cardiac Paralysis</i>		How long <i>—</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. T. Brambill</i>		
				Address <i>Bellicott City, Md.</i>		
Accident or Suicide? <i>—</i>						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

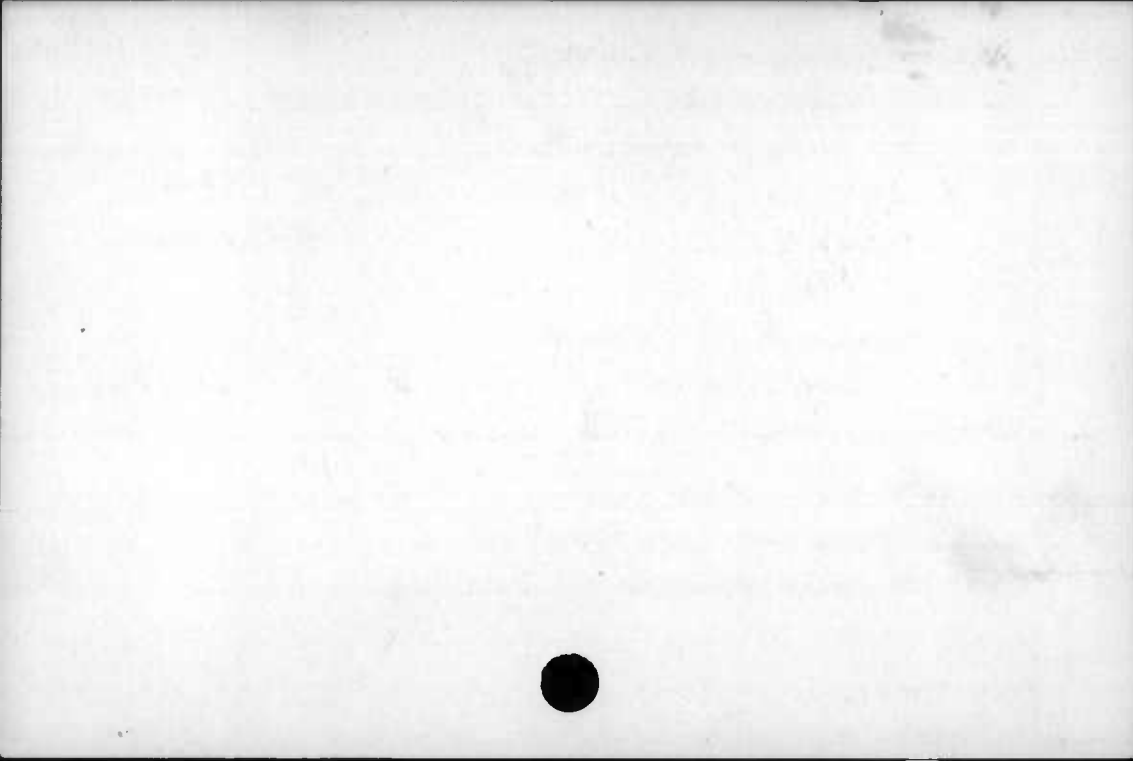
Died at		Town Clarksville		County Howard	
Date of death	1908	Month July	Day 13	Age 83	Months 5
Sex	Female		Color or Race	White	
Occupation	Housewife		Birth-place	Md	
Where Residing if not at place of death			Clarksville		
Married, Single or Widowed	Widow		Name of Wife or Husband	Wm H. Hardy	
Father's Name	Thomas Spears		Father's Birthplace	Md	
Mother's Maiden Name	Arpn Spears		Mother's Birthplace	Md	
Name of person giving information	Sybil Kemp		How related to deceased	Granddaughters	

CAUSES OF DEATH

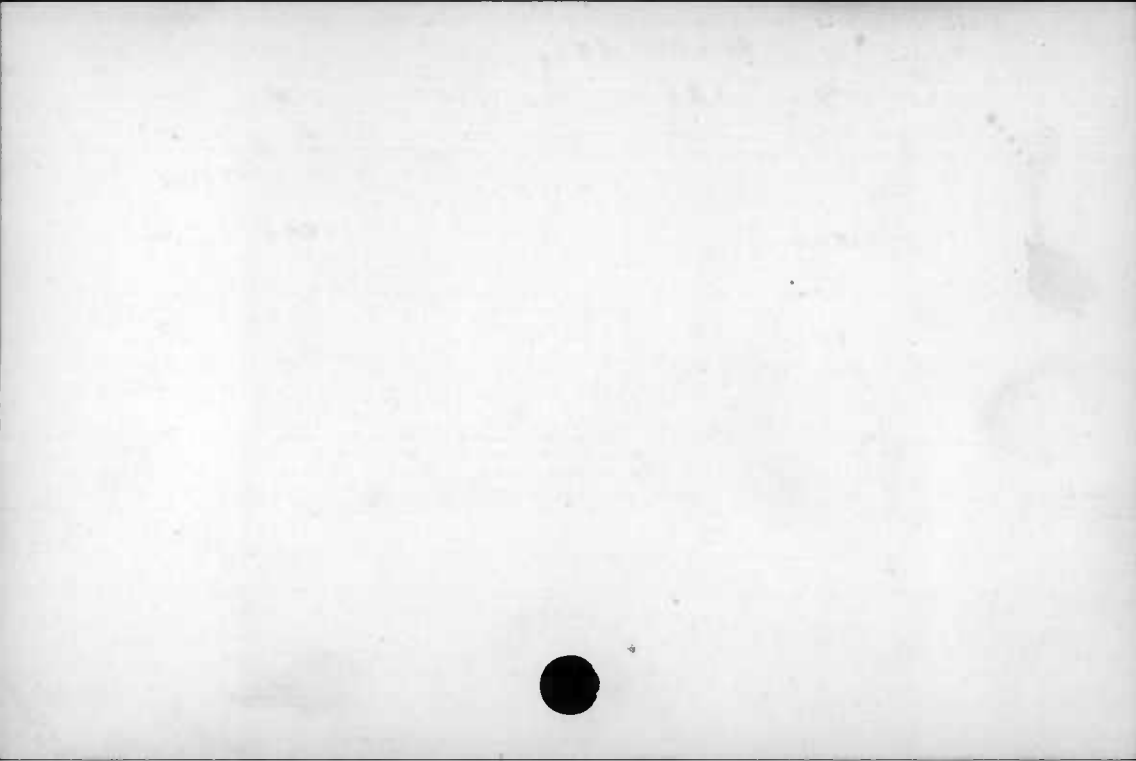
95

PHYSICIAN
OR CORONER

Primary	Hypostatic Pneumonia		How long	5 days
Immediate	Pneustration		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. A. Nichols
			Address	Dayton Md
Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH			
Mary E. Harriday		Town Brooksville		County Howard	
Died at		MARYLAND			
Date of death		1908	Month July	Day 1	Age 7
			Months 9		Days 5
Sex Female		Color or Race Negro		Birth-place Md.	
Occupation none		Where Residing if not at place of death at home			
Married, Single or Widowed m		Name of Wife or Husband			
Father's Name Chas. A. Harriday		Father's Birthplace Md.			
Mother's Maiden Name Annie Worthington		Mother's Birthplace Md.			
Name of person giving information Chas. A. Harriday		How related to deceased Father			
CAUSES OF DEATH					
33					
Primary Glandular Tuberculosis		How long About 5 years			
Immediate General tuberculosis anemia from above		How long About three months			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. W. Lacy			
		Address Lisbon, Md.			
Accident or Suicide? —					



Name
in
Full

Wm J. Harshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>no</i>		Where Residing if not at place of death <i>Ellicott City</i>					
Married, Single or Widowed <i>no</i>		Name of Wife or Husband <i>no</i>					
Father's Name <i>George Harshaw</i>		Father's Birthplace <i>North Carolina</i>					
Mother's Maiden Name <i>Elizabeth Barnes</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>George Harshaw</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>6 wks</i>
Immediate <i>Exhaustion</i>	How long <i>Progression</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. C. Smith</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	



Name
in
Full

Henry Keys.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>July</i> <small>Month</small>	<i>10</i> <small>Day</small>	<i>20</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>20</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Ellicott City</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Henry Keys</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rebecca Briscoe</i>	Name of person giving information <i>Henry Keys.</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>One Day</i>
Immediate	How long

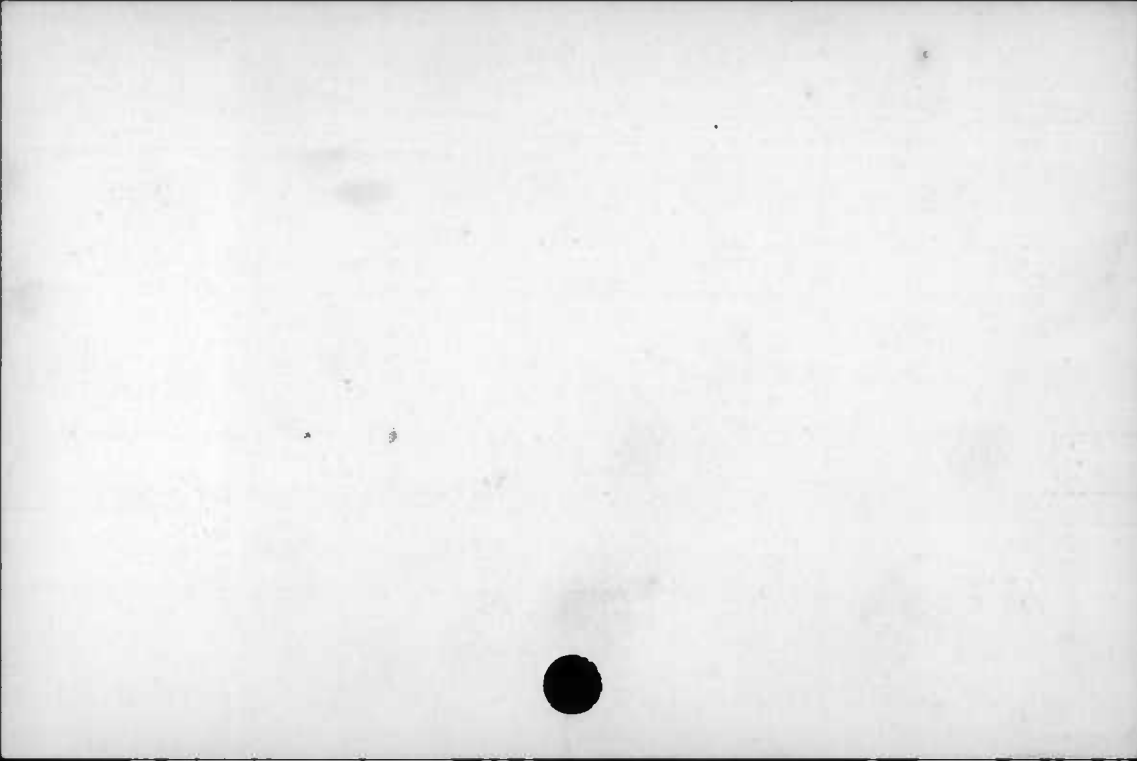
Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

Milton H. Easton Undertaker
Ellicott City

Accident or Suicide?



Name
in
Full

George W. Lintthorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Rocky Mills* *Howard Co* ^{Town} ^{County}

MARYLAND

Date of death *1908* ^{Month} *July* ^{Day} *31* ^{Years} *73* ^{Months} *6* ^{Days} *16*Sex *Male* Color or Race *white* Birth-place *Howard Co*Occupation *Farmer* Where Residing if not at place of deathMarried, Single *widow* Name of Wife or Husband *Mary Louise Clark*Father's Name *Wentley W. Lintthorn* Father's Birthplace *Howard Co*Mother's Maiden Name *Mary Forest* Mother's Birthplace *Howard Co*Name of person giving information *Mrs. Banks* How related to deceased *Daughter*

CAUSES OF DEATH

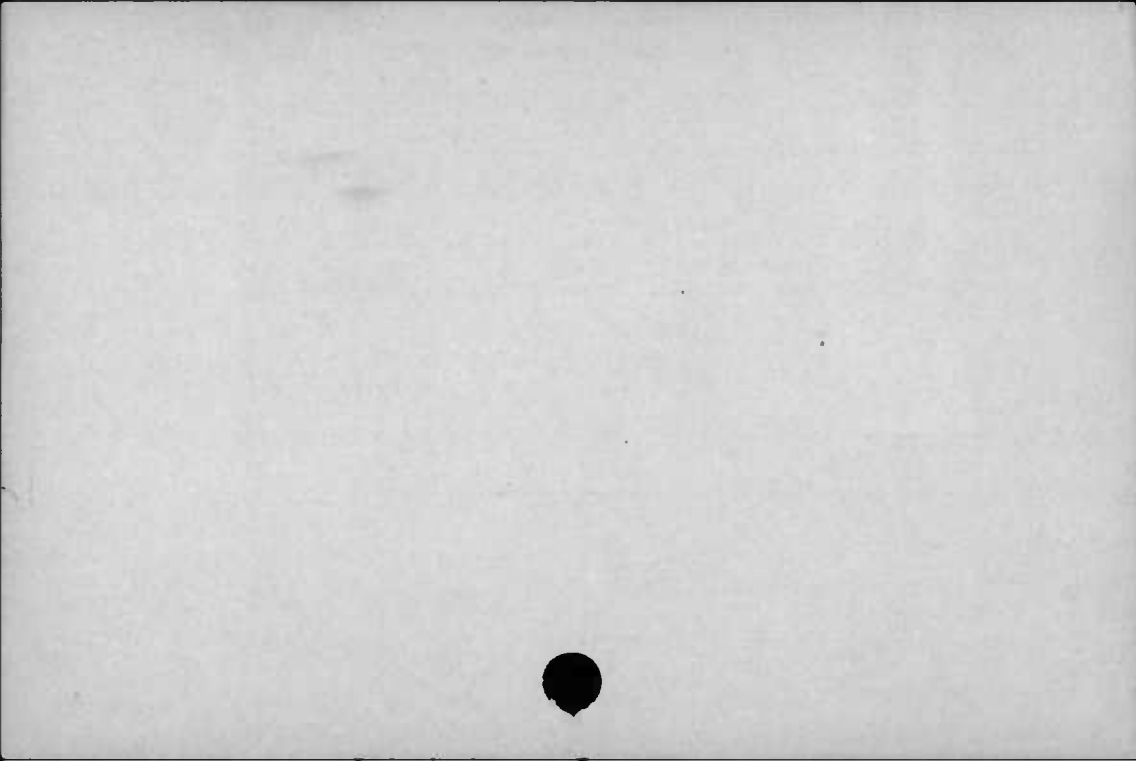
40

PHYSICIAN
OR CORONERPrimary *Consumption of Stomach* How long *2 1/2 months*Immediate *Exhaustion* How long *24 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. Walter Saxe M.D.*Address *Blinnwood*

Accident or Suicide?

Howard Co Md.

LIBRARY BUREAU AUGUST



Name
in
Full

CERTIFICATE OF DEATH

George Lynn

Town

Ellicott City

County

Howard

MARYLAND

Died at

Date

1908

Month

July

Day

20

Age

Years

58

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Labor

Where Residing if not
at place of death

Columbia

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rachel Lynn

Father's
Name

don't know

Father's
Birthplace

don't know

Mother's
Maiden Name

don't know

Mother's
Birthplace

don't know

Name of person giving
information

Daniel Lynn

How related
to deceased

Son

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

3 days

Immediate

Same

How long

Same

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. M. B. Rogers M.D.

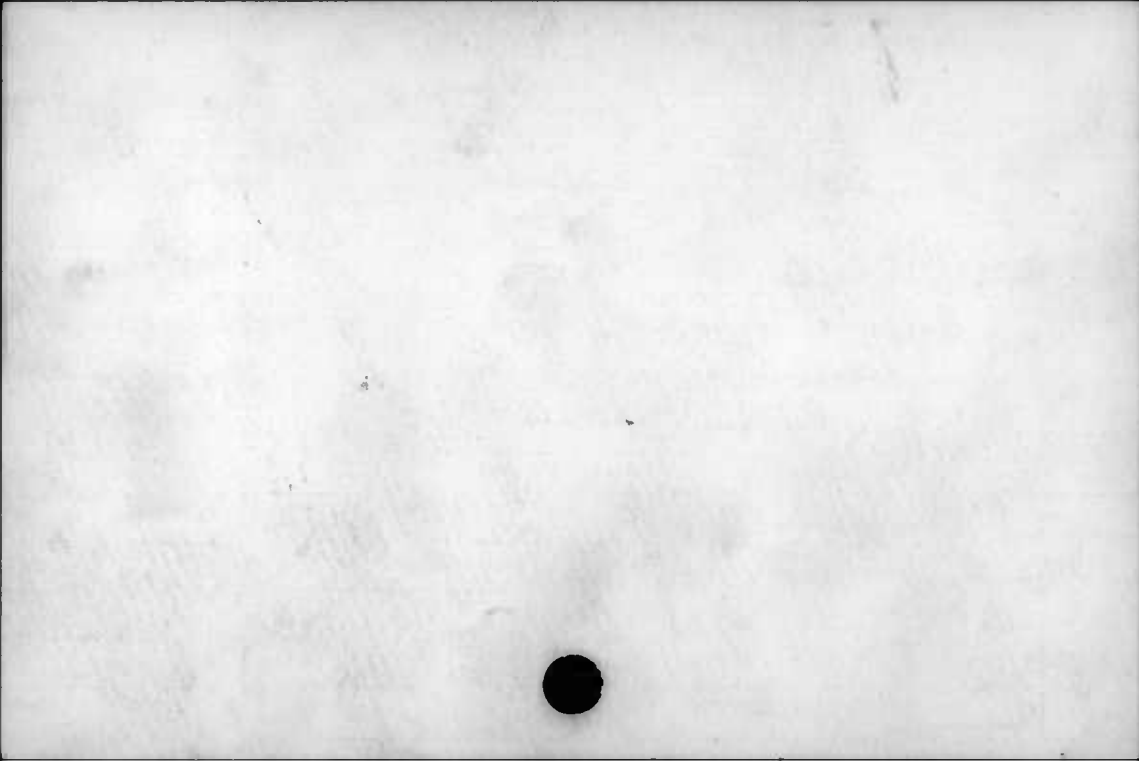
Address

Ellicott City, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

not named Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>alpha</u> Town		<u>Howard</u> County		MARYLAND	
Date of death <u>1908</u> Month <u>July</u> Day <u>24th</u>		Age Years		Months <u>2</u>	Days <u>7</u>
Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place <u>at alpha Ind</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Eugene Nichols</u>		Father's Birthplace <u>Howard Co Ind</u>			
Mother's Maiden Name <u>Gennie Conway</u>		Mother's Birthplace <u>Howard Co Ind</u>			
Name of person giving information <u>Eugene Nichols</u>		How related to deceased <u>Father</u>			

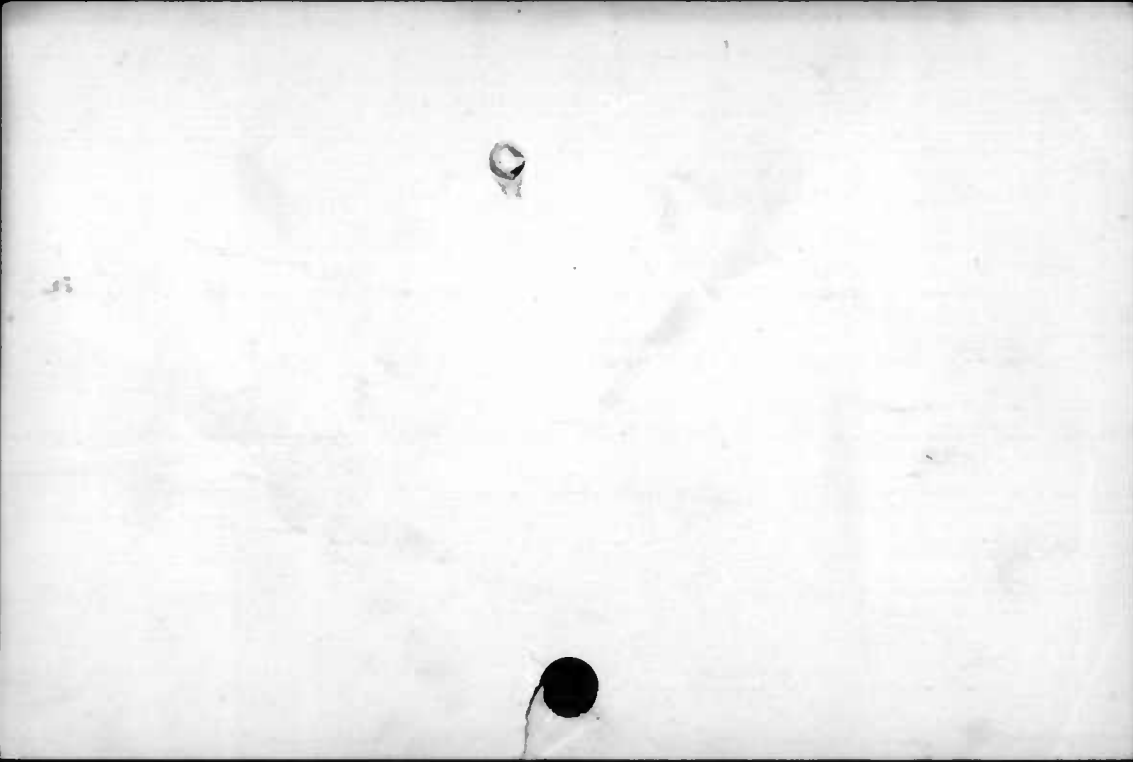
CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <u>Congenital Hydrocephalus</u>	How long <u>2 months + 7 days</u>
Immediate <u>Coma</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Ben' J. Shuply M.D.</u>
<u> </u>	Address <u>alpha</u>
	<u>Howard Co Ind</u>
Accident or Suicide? <u> </u>	





Name
in
Full

Mildred Rosalie Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

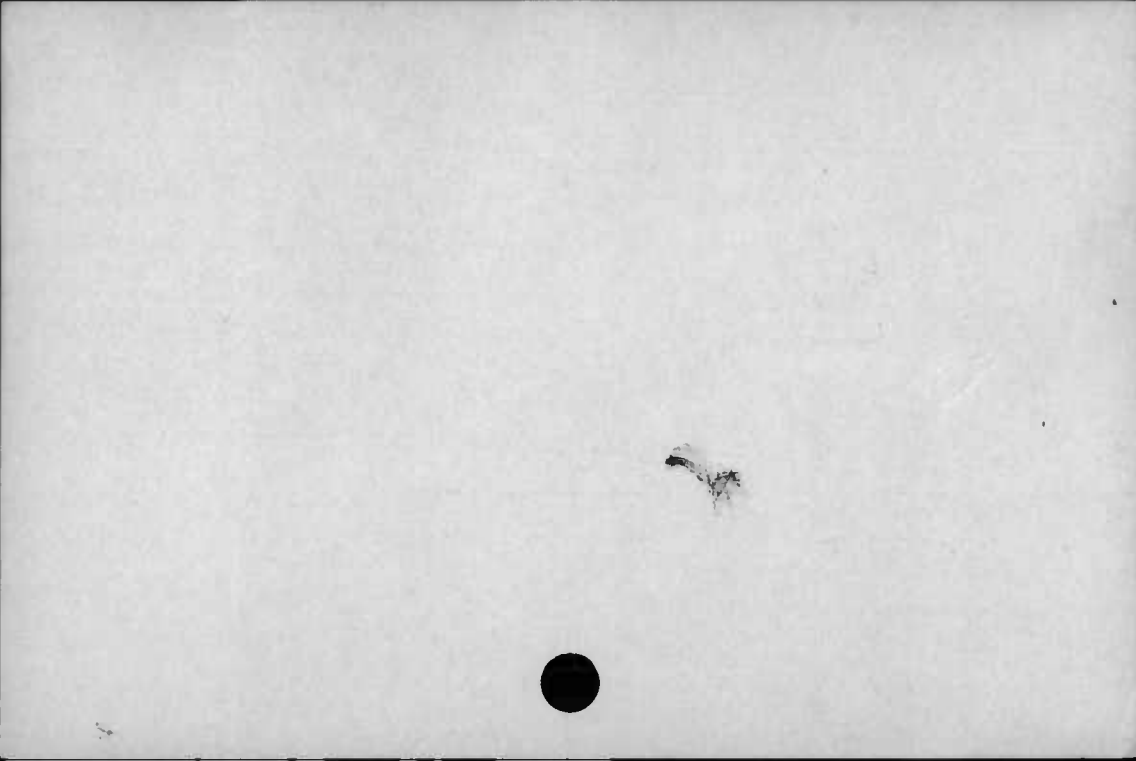
Died at		Town Savage		County Howard		MARYLAND	
Date of death	1908	Month July	Day 8	Age	Years	Months 8	Days 4
Sex	Female		Color or Race	White		Birth- place	MD
Occupation	Infant		Where Residing if not at place of death		Savage		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Frederick Rice					Father's Birthplace	MD
Mother's Maiden Name	Lilly E. O'Connor					Mother's Birthplace	MD
Name of person giving In formation	Minnie Rice					How related to deceased	Aunt

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Intracranial Meningitis		How long	1 month
Immediate	Exhaustion		How long	prognosis
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	Frederick Rice
			Address	Savage
Accident or Suicide?	No			MD



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Kate Ross</i>		County <i>Howard</i>		MARYLAND
	Date of death	Month <i>July</i>	Day <i>18</i>	Years <i>75</i>	Months <i>4</i> Days <i>11</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>	
	Occupation <i>Domestic</i>	Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Peter Ross</i>	Father's Birthplace <i>Md</i>			
	Mother's Maiden Name <i>Henrietta Murphy</i>	Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Genevieve Roberts</i>	How related to deceased <i>Niece</i>				
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin-left: 10px;">64</div>				
PHYSICIAN OR CORONER	Primary <i>Cerebral Hemorrhage</i>	How long <i>Immediate</i>			
	Immediate <i>Cardiac asthma Pulmonary edema</i>	How long <i>3 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank O. Miller M.D.</i>			
	<i>—</i>	Address <i>Ellicott City Md</i>			
	Accident or Suicide? <i>No</i>				



Name in Full		Augustine Seibert				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month		Day		Age	
	1908		July		14		27	
	Sex		Color or Race		Birth-place		Months	
	Male		White		Pennsylvania		1	
	Occupation		Where Residing if not at place of death		Years		Days	
	Student of Theology				27		18	
	Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Single		none		Edward Seibert		Pennsylvania		
Mother's Maiden Name		Name of person giving information		Mother's Birthplace		How related to deceased		
Christina Stuhl		Rev. Paul F. Huber		" " "		none		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Tuber colaps		How long		27	
	Immediate		Exhaustion		How long		3 yrs 4 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		J. S. Bonney M.D.	
	Accident or Suicide?				Address		Ellicott City	



Name
in
Full

Edward Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elchester</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>July</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Elchester</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Edward Smith</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Hattie Turner</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Edward Smith</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>Two weeks.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Milton H. Easton undertaker</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryland</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>July</i> Day <i>23rd</i> Age <i>66</i> Years		Months <i>1</i>		Days <i>27</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Fredrick Co Md</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at her home</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>David L. Specht</i>			
Father's Name <i>Andrew Kessler</i>		Father's Birthplace <i>Fredrick Co Md</i>			
Mother's Maiden Name <i>Loretta S. Lamar</i>		Mother's Birthplace <i>Fredrick Co Md</i>			
Name of person giving Information <i>David L. Specht</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchorhea</i>	How long <i>over 2 yrs</i>
Immediate <i>General prostration</i>	How long <i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Benj. F. Shipley, M.D.</i>
	Address <i>Alpha P.O., Howard Co Md</i>
Accident or Suicide?	

